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Dramatic increase in severe, acute hepatitis B infections in Tacoma-Pierce County

Epidemiologists from the Centers for Disease Control and Prevention (CDC) are investigating an increase in hospitalizations and deaths in acute hepatitis B cases in Pierce County. Between January 1 and May 17 of this year, 16 cases of acute hepatitis B have been reported, compared to only seven cases reported during all of 1999. Almost 60% of these cases are in injection drug users (IDUs), and seven of the cases were co-infected with hepatitis delta virus (HDV). Of the seven cases co-infected with HDV, five required hospitalization and three died of fulminant hepatitis. Tacoma-Pierce County Health Department is currently offering hepatitis B screening and immunization to injection drug users, their sexual partners, and household contacts of acute hepatitis B cases free of charge; over 400 persons have been immunized since May.

In King County, there has been a small increase in reports of acute hepatitis B cases, with 15 cases reported so far this year compared with 12 cases reported through May in 1999. However, no King County case has died, and only one case (not co-infected with HDV) has been hospitalized. There has been no link established between the hospitalized case and the Tacoma-Pierce County cases, except that the King County case is also an IDU. Four of the 15 cases (27%) are IDUs, but this is not an increase from previous years.

Injection drug users are at increased risk for hepatitis A, B, C, and D, and should receive hepatitis A and B vaccines if they are susceptible. Current or former IDUs should be screened for past and/or current infection with hepatitis A, B, and C. This is particularly important for hepatitis B because approximately 60% of IDUs have had a past infection with HBV and are therefore immune. Studies in King County and nationally have shown that 80-85% of IDUs have antibody to HCV, and those with chronic hepatitis C are at increased risk of fulminant liver failure and death if they become infected with hepatitis A or B.

Acute hepatitis cases in Pierce County should be reported as soon as possible at (253) 798-6534. For more information on the hepatitis B case investi-

gations in Pierce County, call (253) 798-6410 and press “0”. Acute cases of hepatitis in Seattle-King County should be reported to Communicable Disease Control, at (206) 296-4774 (phone) or (206) 296-4803 (fax). Persons experiencing serious illness with acute hepatitis B should also be tested for HDV and HCV. For questions, contact Shelly McKeirnan at shelly.mckeirnan@metrokc.gov or at (206) 296-4717. Information on HDV infection is available at:
<http://www.cdc.gov/ncidod/diseases/hepatitis/index>

**“Hepatitis C: What Clinicians and Other Professionals Need to Know ”: An interactive web-based training launched on the Hepatitis Branch web site:
www.cdc.gov/hepatitis**

The Centers for Disease Control and Prevention has recently premiered “Hepatitis C: What Clinicians and Other Professionals Need to Know ”, an interactive, web-based training program. This program provides users with up-to-date information on the epidemiology, diagnosis, and management of hepatitis C (HCV) infection and HCV-related chronic disease. Users can test their knowledge of the material through study questions at the end of each section and with case studies at the end of the program. By combining up-to-date clinical and epidemiological information with state of the art technology and graphics designed to enhance both the user’s understanding of the material and the appearance of the program, this web-based training program provides a valuable educational tool to assist health professionals in preventing and managing HCV infection and HCV-related chronic disease. Continuing medical and nursing education credits are available free of charge upon completion of the training. The American Academy of Family Physicians will also grant their educational credits upon completion of training and filing with the Academy.

Correction: Travel Alert – Measles Prevention, Japan

An article in last month’s EpiLog mistakenly identified adults born in or before 1957 and without documentation of measles disease as being indicated for vaccination with MMR. **The correct recommendation is that all adults born in or after 1957 and without documentation of measles**

disease should be considered for vaccination with MMR (especially those attending college, institutional and health care settings). Killed measles virus and live virus vaccines used prior to 1968 in the U.S. should not be relied on to provide long-lasting protection. International travelers as well as others at high risk should consider a second dose of MMR.

New, Free Booklet about Benefits and Risks of Childhood Immunization Is a "Must Have" for Concerned Parents

A new booklet published by Public Health - Seattle & King County (and several collaborating partners) offers parents up-to-date, accurate information about immunizations for their children. The 32-page booklet, "Plain Talk about Childhood Immunizations," is available free of charge by calling 1-800-322-2588. It is also available on-line at <http://www.metrokc.gov/health>.

"With so much information available these days, particularly on-line, parents can find it difficult to distinguish fact from fiction," said Dr. Alonzo Plough, Director of Public Health - Seattle & King County. "This booklet is a 'must have' for parents concerned about childhood immunizations."

Using a question and answer format, "Plain Talk" provides facts about vaccine preventable disease, vaccine safety, the immune system, how vaccines work, legal requirements, and current vaccine recommendations. It incorporates local statistics, wherever possible.

"Plain Talk" has been reviewed and recognized by the U.S. Centers for Disease Control and Prevention and the National Network for Immunization Information (funded by the Robert Wood Johnson Foundation). Health agencies from other states are adopting it for use in their own jurisdictions. Public Health - Seattle & King County produced "Plain Talk about Childhood

Immunizations in collaboration with Snohomish Health District, the Immunization Action Coalition of Washington, the Healthy Mothers, Healthy Babies Coalition of Washington, the Washington State Department of Health, and several other public and private organizations.

Revision of the Test Panel for Acute Viral Hepatitis

As of January 1, 2000, the test panel for acute viral hepatitis (Current Procedural Terminology (CPT) code #800074) again includes tests for all three types of viral hepatitis: IgM anti-HAV, IgM anti-HBc, hepatitis B surface antigen (HBsAg), and antibody to hepatitis C (anti-HCV). Between January 1, 1998, and December 31, 1999, the acute viral hepatitis panel did not include the specific tests for recent infection with hepatitis A (IgM anti-HAV) and hepatitis B (IgM anti-HBc).

Information about the change to the acute hepatitis panel is available on-line at <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/m4919a4.htm>. Further information on CPT codes is available on-line at <http://www.amaassn.org/medsci/cpt/coding.htm>.

Disease Reporting (area code 206)	
AIDS.....	296-4645
Communicable Disease.....	296-4774
STDs.....	731-3954
Tuberculosis.....	731-4579
24-hr Report Line	296-4782
Hotlines:	
CD Hotline.....	296-4949
HIV/STD Hotline.....	205-STD5

<http://www.metrokc.gov/health>

Reported Cases of Selected Diseases Seattle-King County 2000				
	Cases Reported In April		Cases Reported Through April	
	2000	1999	2000	1999
VACCINE-PREVENTABLE DISEASES				
Mumps	1	0	3	1
Measles	0	1	2	1
Pertussis	24	46	75	344
Rubella	1	0	1	2
SEXUALLY TRANSMITTED DISEASES				
Syphilis	8	9	24	31
Gonorrhea	82	67	358	327
Chlamydial infections	319	284	1494	1293
Herpes, genital	49	42	295	215
Pelvic Inflammatory Disease	12	19	83	120
Syphilis, late	6	0	13	12
ENTERIC DISEASES				
Giardiasis	11	20	72	61
Salmonellosis	20	10	66	50
Shigellosis	7	2	100	17
Campylobacteriosis	26	19	90	64
E.coli O157:H7	2	1	4	9
HEPATITIS				
Hepatitis A	11	3	46	29
Hepatitis B	4	0	13	9
Hepatitis C/non-A, non-B	1	1	2	2
AIDS	21	14	59	70
TUBERCULOSIS	12	5	37	35
MENINGITIS/INVASIVE DISEASE				
Haemophilus influenzae (cases < 6 years of age)	0	0	0	0
Meningococcal disease	1	4	6	10